

CRITERIA FOR PRIOR AUTHORIZATION

Cysteamine agents

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drugs require prior authorization:
Cystaran (cysteamine HCl ophthalmic solution)
Procysbi (cysteamine bitartrate delayed release capsules)

CRITERIA FOR NEPHROPATHIC CYSTINOSIS:

- Patient must have a diagnosis of nephropathic cystinosis
- For Cystaran ophthalmic solution, patient must have corneal cysteine accumulation
- For Procysbi, patient must be 2 years of age or older

LENGTH OF APPROVAL 1 year